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ABSTRACT

This paper summarizes the responses of students to questions dealing with perceptions of their parents' attitudes toward the students' use of drugs, as well as the students' estimates of parental use of these substances. Over 12,000 students at 20 colleges in the New York area were questioned. Students using marijuana or other illegal drugs at the time of the survey perceived their parents (1) as using more drugs; and (2) as being more tolerant to their own experimentation than students who had used drugs in the past or had never used them. The data show the existence of a relationship between students' behavior and their perceptions of their parents' attitudes and practices. It is evident that parallel data from the parents is needed to establish whether the children's perceptions (1) are accurate; or (2) are distorted to provide a rationalization for their behavior. (Author/TA)

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COLLEGE STUDENTS' PERCEPTIONS OF THEIR PARENTS' ATTITUDES AND PRACTICES TOWARD DRUG USE*

by

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COLLEGE STUDENTS' PERCEPTIONS OF THEIR PARENTS' ATTITUDES AND PRACTICES TOWARD DRUG USE[1]

ABSTRACT

Over twelve thousand students at twenty colleges in the New York area were asked about their parents' attitudes and practices regarding drug use. Students using marijuana or other illicit drugs at the time of the survey perceived their parents as using more drugs and being more tolerant to their own experimentation than students who had used illicit drugs in the past, or had never used them. The present data show that there is a relationship between students' behavior and their perceptions of their parents' attitudes and practices.

In the spring of 1968, a survey was made of the drug use patterns of 12,142 students enrolled at 20 colleges in the Metropolitan New York area. The survey was designed to clarify a number of issues relating to the differences that might exist between college students who reported involvement with illicit drugs, and those who did not.

A specially designed questionnaire was developed for the current study, and contained items about demographic factors and patterns of use of a number of medicinal substances, as well as illicit drugs.[2,3] In addition, questions were asked about reasons for becoming involved with drugs or abstaining, side effects experienced with regard to a number of substances, and opinions and attitudes related to the use of illicit drugs (Robbins et al, 1970b). Many of the questions were derived from our clinical experience and from analysis of the data of a pilot survey of college students (Robbins et al, 1970a).

Although the total sample was large, no attempt was made to derive incidence figures. The emphasis, instead, was on delineating patterns that might meaningfully differentiate between users and non users of medicinal substances and illicit drugs.

The present paper will summarize the responses of students to questions dealing with perceptions of their parents's attitudes toward the students' use of drugs as well as estimates of parental use of the same substances.

METHOD

Students were asked to indicate perceived parental attitudes on a Likert Scale ranging from 1 (tolerant of regular use) to 5 (intensely disapproving). There were also questions on whether their parents had ever used a number of substances on a scale ranging from 1 (frequently) to 3 (no). The substances inquired about were: alcohol, cigarettes, amphetamines, barbiturates, analgesics, tranquilizers, anti-depressants, as well as marijuana, LSD or other psychedelics, and heroin, opium, methadone, or cocaine.

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1. This study was supported in part by grants from the National Institute of Mental Health and the City University of New York

2. Copies of the questionnaire may be obtained from the senior author.
3. A paper describing the demographic characteristics of the sample is in preparation (Robbins, E. et al).

SAMPLE

The students were divided into five subgroups. The first, current users, consists of those who reported using marijuana or other illicit drugs at the time of the survey. (N=1770 males, (29.1%); 1247 females (21.5%). The second, past users, consists of students who reported prior use of some illicit substances (N=646 males (10.6%; 576 females (10.0%).

The remaining three groups reported that they had never used any illicit drug. Group three consists of students who had used amphetamines, barbiturates, analgesics, anti-depressants, or tranquilizers (N=690 males (11.3%); 1189 females (20.5%). Group four (N=459 males (7.5%); 684 females (11.8%) consists of people who reported using analgesics only. Group five, which was the largest, (N=2522 males (41.4%); 2091 females (36.1%) includes those who reported never having used any of the medicinal substances listed.

RESULTS

Table 1 summarizes the students' perceptions of their parents' attitudes towards their using each of the 10 types of substances listed.

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Insert Table 1 about here

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Alcohol was the substance which was perceived as most approved by parents, with cigarettes a close second. The rank orders for all groups were highly consistent (Kendall's W=95; $p < .001$). Four of the five groups perceived tranquilizers as next most tolerated. The exception was those who only reported using analgesics, and reported less parental opposition to analgesics than to other medicines. Marijuana users felt more parental tolerance for its use than for any compound other than tranquilizers. Students who used amphetamines or other medicines felt their parents were more tolerant of these than of marijuana. Current marijuana users felt greater parental tolerance for use of virtually all substances than the remainder of the sample.[4]

The greatest homogeneity of responses was for LSD and heroin which were uniformly seen as highly disapproved by parents. The greatest range of responses was found for analgesics, tranquilizers, and marijuana, which are also the three most utilized substances in the present sample, outside of alcohol and cigarettes. (Robbins et al, in preparation).

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4. A three way analysis of variance was performed, and showed significant main effects for drug use groups and substances and significant results for all interactions: between sex and drug use groups, sex and substances used, and drug use groups and substances. In view of the large N and the regularities in the tabulated results, the high degree of significance ($p < .001$) is to be expected.

For alcohol, cigarettes and the illicit drugs, the students showed a high degree of certainty as to their parents' attitudes, with don't knows and blanks ranging from 2.3 to 9.0%. In contrast, for medicinal substances, such as amphetamines and tranquilizers, probable parental attitudes were less clear-cut. Don't knows and blanks ranged from 7.5 to 16.9%. Current and past users gave the greatest proportion of don't knows and blanks while students using analgesics only were particularly certain of their parents' attitudes.

There were significant differences in perception of parental attitudes by males and females. For illicit substances, females reported greater parental opposition in 13 of 15 instances (binomial test, p .01). For medicinal compounds, females reported greater tolerance in 20 of 24 instances (binomial test, p .01). For alcohol and cigarettes, there was only a slight difference, with females reporting more parental disapproval in 7 of 10 instances.

Females showed a somewhat more homogeneous grouping of responses than did males, with parents perceived as either tolerant or intolerant to a broad spectrum of drugs. Males perceived their parents as more highly differentiated in their approval.

Table 2 presents data on the students' perceptions of their parents' practices with regard to the 10 substances listed. Again, there seems to be high face validity with students being very certain of parental drinking, smoking, and using illicit substances. Don't knows and blanks ranged from 1.0 to 4.4% for alcohol and cigarettes, and 4.0 to 10.3% for illicit compounds. In contrast, there was less assurance as to the types of medicine parents have taken with don't knows and blanks ranging from 10.2 to 22.2%. Male current users were the only ones to be uncertain of their parents' use of marijuana. (10.3% don't knows and blanks).

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Insert Table 2 about here

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Cigarettes and alcohol were the most frequently used (Kendall's W = .97; p .001). Tranquilizers were next, save for the group using analgesics only, who said their parents also used analgesics in preference to other substances. Anti-depressants, barbiturates, and amphetamines were next. Regardless of the students' practices, marijuana, psychedelics, and heroin were not reported as used by more than a handful of parents. The greatest differences were found for tranquilizers, analgesics, and amphetamines which were reported to be used most often by parents of current users of illicit drugs.

Alcohol and cigarettes were both most used and most approved by parents for the students' use. LSD and heroin were neither approved nor used. The greatest discrepancies were for marijuana, which was rarely used by parents, but which students - particularly those currently using the drug - did not see as highly disapproved. Current users even reported marijuana to be preferable in their parents' eyes to amphetamines and barbiturates.

DISCUSSION

A fairly extensive search of the literature has revealed no publications related to students' perceptions of their parents' attitudes or behavior with regard to the use of illicit drugs. There have been articles relating parental smoking and drinking to the smoking and drinking patterns of their

children,but not to the use of medicinal or illicit substances. Through the years, the consensus has been that children who drink or smoke are more likely to come from homes where drinking and smoking are prevalent (Cattell & Krug, 1967; Dunn, 1967; Forslund & Gustafson, 1971; Horn et al, 1959; McArthur et al, 1958; Salber & MacMahon, 1961). However, others have not found this relationship (Bynner, 1970; Globetti, 1967; Newman, 1969; Pervin & Dalrymple, 1964).

Students can be more certain of their parents' smoking and drinking habits than they can of drug and medicinal use patterns. In a study such as ours, it is not clear how much the students' reports of parental attitudes and practices reflect their wishful thinking or their parents' acceptance of a fait accompli. The present data suggest that the students tend to perceive a similarity between their parents' behavior and attitudes, and their own. Parallel data from the parents, themselves, are needed to establish whether their children's perceptions are accurate, or are distorted to provide a rationalization for their own behavior.

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TABLE I PERCEIVED PARENTAL ATTITUDES TOWARD THE USE OF A VARIETY OF SUBSTANCES

SUBSTANCE	MALES					FEMALES				
	Curr. Users	Past Users	Amphet.	Anal-gesics	Never	Curr. Users	Past Users	Amphet.	Anal-gesics	Never
Alcohol	2.15	2.24	1.92	2.24	2.50	1.99	2.18	2.18	2.32	2.60
Cigarettes	2.59	2.88	2.76	2.96	3.10	2.81	2.85	3.01	3.10	3.30
Amphetamines	4.38	4.60	4.50	4.74	4.70	4.29	4.49	4.43	4.71	4.85
Barbiturates	4.50	4.65	4.56	4.72	4.76	4.44	4.54	4.51	4.71	4.76
Analgesics	4.03	4.18	3.78	3.85	4.45	3.60	3.77	3.57	3.56	4.43
Anti-Depressants	4.20	4.31	4.06	4.34	4.54	4.00	4.19	4.04	4.41	4.58
Tranquilizers	3.86	4.01	3.47	4.02	4.35	3.53	3.70	3.37	4.05	4.32
Marijuana	3.95	4.39	4.64	4.69	4.72	3.90	4.18	4.65	4.72	4.75
LSD or other psychedelics	4.74	4.84	4.86	4.89	4.87	4.78	4.87	4.97	4.92	4.90
Heroin, opium, methadone or cocaine	4.89	4.88	4.80	4.91	4.90	4.90	4.91	4.90	4.92	4.92

The higher the score, the greater and more intense the perceived disapproval. Range = 1-5

___ indicates greater than 10% of respondents wrote don't know, or did not answer

TABLE 2

MEAN REPORTED PARENTAL USE OF A VARIETY OF SUBSTANCES

SUBSTANCE	MALES					FEMALES				
	Curr. Users	Past Users	Amphet.	Anal-gesics	Never	Curr. Users	Past Users	Amphet.	Anal-gesics	Never
Alcohol	1.92	1.93	1.92	1.92	1.99	1.74	1.81	1.83	1.85	1.95
Cigarettes	1.79	1.83	1.85	1.85	1.92	1.79	1.82	1.77	1.75	2.32
Amphetamines	2.88	2.95	2.91	2.98	2.98	2.82	2.90	2.88	2.97	2.98
Barbiturates	2.78	2.85	2.80	2.89	2.95	2.70	2.77	2.75	2.89	2.94
Analgesics	2.49	2.58	2.45	2.40	2.81	2.32	2.41	2.33	2.36	2.77
Anti-Depressants	2.77	2.81	2.75	2.85	2.92	2.68	2.74	2.74	2.86	2.94
Tranquilizers	2.40	2.52	2.30	2.49	2.71	2.25	2.36	2.27	2.51	2.69
Marijuana	2.96	2.99	2.99+	2.99+	2.99+	2.95	2.99	2.99+	2.99+	2.99+
LSD or other psychedelics	2.99	3.00	2.99+	3.00	3.00	2.99	3.00	2.99+	3.00-	2.99+
Heroin, opium, methadone or cocaine	2.99	2.99	2.99+	2.99+	2.99+	2.99	2.98	2.99	2.99	2.99+

The higher the score, the less the degree of use. Range = 1-3

___ indicates greater than 10% of respondents wrote don't know, or did not answer